



Department of Public Health and Human Services

CHILD DAY CARE FACILITIES (includes infant regulations) SURVEY TOOL

INSPECTION INFORMATION

Facility: Many Blessings 2

Type: Complaint Investigation **Date:** 05/30/2018 **Time:** 11:40 AM

Director: Misty L Cartwright

Contact: _____

Licensing Worker: Jodi Linne **Phone #:** (406) 453-0526

Time: 11:40 AM **# children:** 29 **# under 2:** 8 **# caregivers:** 5

Time: **# children:** **# under 2:** **# caregivers:**

Time: **# children:** **# under 2:** **# caregivers:**

STAFF RATIOS

Yes	1. License
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BUILDING/FIRE REQUIREMENTS

Yes	2. Inside Facility
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Yes	3. Equipment
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Yes	4. Exiting
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Yes	5. Space
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OUTDOOR TOUR

Yes	6. Play Area
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Not Observed	7. Swimming
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PROGRAM ISSUES

Yes	8. Supervision
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Yes	9. Provider Responsibilities
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Yes	10. Activities
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Not Observed	11. Night Care
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HEALTH ISSUES

Not Observed	12. Illness Exclusion
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Not Observed	13. Health Prevention
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MEDICATION

Not Observed	14. Administration
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Not Observed	15. Storage
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INFANTS/TODDLERS

Yes	16. Diapering
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Yes	17. Feeding
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Not Observed	18. Bathing
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Yes	19. Sleeping
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Yes	20. Activities
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Not Observed	21. Outdoor Activities
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Yes	22. Special Requirements
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TRANSPORTATION

Not Observed	23. Basic Requirements
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Not Observed	24. Child Passenger Safety
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WRITTEN RECORDS

Yes	25. Parent Information
Yes	26. Facility Records
Not Observed	27. Child File Review
Not Observed	28. Medication File
Not Observed	29. Caregiver File Review
Not Observed	30. First Aid Requirements

ADMINISTRATIVE RECORDS

Yes	31. License-Certificate
Yes	32. Facility Requirements
Yes	33. Registration/License Process